

CONSUMER COMPLAINT RECORD

For Agency Use Only

Complaint No. _____
Date _____

DATE _____

COMPLAINANT (Person submitting complaint)

Name _____

Address _____

City _____ Zip Code _____

Day time Phone No. _____

How did you choose this business?

Yellow Pages_____ Mail_____

Newspaper_____ Telephone_____

Other (specify) _____

Date of Purchase or Service_____

Have you contacted the business about this complaint? Result? _____

Please list other consumer agencies contacted _____

What settlement would you consider mutually fair?_____

Brief Description of Complaint_____

All information provided to the Alexandria Office of Consumer Affairs is available for inspection by the public under the Virginia Freedom of Information Act (§2.1 -340, at seq., Code of Virginia), 'except those cases which may be referred to law enforcement agencies.

The information requested by the Office of Consumer Affairs is subject to the Privacy Protection Act of 1976, (§2.1-377. at seq., Code of Virginia). Accordingly, you are not required to provide any of the requested information. The Office of Consumer Affairs, however, is less likely to be able to assist you if the requested information is not provided. Information provided is routinely used for processing consumer complaints. All information provided may be disclosed to the business against which the complaint has been filed, and referred to other consumer offices or law enforcement agencies as needed.

Date